

**TME/RP/APM
Weekly TAG Call
April 9th, 2014**

- I. Provider OrgID list has been updated and posted online – some organizations that were mistakenly omitted have been added back
 - a. Also, DSMs for APM and RP have been reposted with minor edits – note that these changes do not impact the data submission
- II. Relative Price Physician Group Threshold
 - a. Payers should continue to report the top 30 physician groups for this year's data reporting (CY 2012 data). CHIA will consider changing the threshold for next year.
- III. Medicare Part D for Total Medical Expenses (TME) – applies to Medicare Advantage payers
 - a. Do not report Medicare Part D for preliminary 2013 TME, or any future TME filings
 - b. If you reported Medicare Part D for preliminary 2012 TME data, then please also include it for 2012 final TME.
- IV. INET is now ready to receive TME and RP files (both Test and Production environments). Payers should receive error reports within 24 hours of submission. Please email your CHIA contact if you encounter any problems.
- V. Payer Questions
 - a. Aetna: When certifying IBNR factors, is the verification form generated through INET as with other submissions, or should payers submit a separate form?
 - i. Answer: Payers should submit a separate IBNR verification form – please monitor your inboxes for a message from your respective CHIA contacts with this form attached.
 - b. CIGNA: Should IBNR factors be submitted on their own or incorporated into the data submissions?
 - i. Answer: IBNR factors should be applied (as a percentage) to the preliminary total claims payment values for relevant insurance categories and service lines (see example below).

IBNR Example:

Raw data:										
Record Type	Physician Group OrgID	Local Practice Org ID	Pediatric Indicator	Insurance Category Code	Member Months	Health Status Adjustment Score	*Normalized Health Status Adjustment Score	Claims: Hospital Inpatient	Claims: Hospital Outpatient	Claims: Professional Physician
(PR001)	(PR002)	(PR003)	(PR004)	(PR005)	(PR006)	(PR007)	(PR008)	(PR009)	(PR010)	(PR011)
PR	453	2865	0	1	46,479	1.29	0.88	\$8,258,932	\$1,293,760	\$3,783,312
PR	453	2865	0	2	45,027	1.34	1.01	\$5,364,945	\$3,940,079	\$3,863,444
PR	453	2865	0	3	38,603	1.17	0.90	\$5,065,497	\$3,890,368	\$736,836
Applying IBNR factors:										
Claims: Hospital Inpatient	Hospital Inpatient IBNR factor	IBNR-adjusted Hospital	Claims: Hospital Outpatient	Hospital Outpatient IBNR factor	IBNR-adjusted Hospital	Claims: Professional Physician	Professional Physician IBNR factor	IBNR-adjusted Professional		
(PR009)		=PR009*IBNR	(PR010)		=PR010*IBNR	(PR011)		=PR011*IBNR		
\$8,258,932	1.04	\$8,589,289	\$1,293,760	1.01	\$1,306,698	\$3,783,312	1.02	\$3,858,978		
\$5,364,945	1.02	\$5,472,244	\$3,940,079	1.04	\$4,097,682	\$3,863,444	1.06	\$4,095,251		
\$5,065,497	1.05	\$5,318,772	\$3,890,368	1.02	\$3,968,175	\$736,836	1.02	\$751,573		

Note:
Highlighted calculations are the values that should be reported for total claims in the preliminary 2013 TME data submission.

Note: If IBNR factors are submitted as percent complete (e.g., 0.96, indicating that raw TME data represent 96% of projected total claims after the full claims run-out period), then invert the value ($1.00/0.96=1.04$) and use the inverted value as the IBNR factor.